

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Main Street Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016
Mailing Address P.O. Box 25093		Amount 1808167.15
City Alexandria	State VA	Zip Code 22313
Purpose of Expenditure TV/Media Placement	Category/Type	Transaction ID : SE1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016
Name of Federal Candidate Masto, Catherine, Cortez, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 8163277.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Main Street Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016
Mailing Address P.O. Box 25093		Amount 111414.65
City Alexandria	State VA	Zip Code 22313
Purpose of Expenditure Radio Placement	Category/Type	Transaction ID : SE2 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016
Name of Federal Candidate Masto, Catherine, Cortez, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 8163277.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1919581.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Wilson Grand Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 429 N. St. Asaph Street		Amount 12215.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE3
Purpose of Expenditure TV/Media Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2016
Name of Federal Candidate Masto, Catherine, Cortez, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		8163277.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Wilson Grand Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 429 N. St. Asaph Street		Amount 3395.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE4
Purpose of Expenditure Radio Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2016
Name of Federal Candidate Masto, Catherine, Cortez, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		8163277.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15610.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1935191.80

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2016

Signature